



# APPLICATION FOR REFUND

9001 Stockdale Highway – 30BDC  
Bakersfield, California 93311

661.654.2441 | 661.654.2447 (f)  
extended.csub.edu

I, \_\_\_\_\_, request the allowable amount of refund for the fees I paid for:

First and Last Name

Term (choose one): Fall  Winter  Spring  Summer  Year: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ CSUB ID#: \_\_\_\_\_

Reason For Refund:

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Please Check One:  Direct Deposit  
 Mail Check (Refund will be mailed to the address on file with the records office on the date the check is issued.)

FOR OFFICE USE ONLY

Approved By: \_\_\_\_\_ Date of Withdrawal: \_\_\_\_\_  
Dean of EEGO

FEE TYPE	AMOUNT PAID	REFUND AMOUNT	PMT. DETC.	TNUM	DATE POSTED
Registration					
Tuition					
Totals					

I certify that fees in the amount of \$ \_\_\_\_\_ were collected.

Accounting Office Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Check No. \_\_\_\_\_

Date Issued \_\_\_\_\_

DETC (if applicable) \_\_\_\_\_

Account No. (if applicable) \_\_\_\_\_

NONDISCRIMINATION POLICY

EUD does not discriminate on the basis of race, color, national origin, sex, physical handicap, or sexual orientation in the educational programs or activities it conducts. Students admitted with physical, perceptual or learning disabilities will be given necessary accommodations provided that their disability has been verified by the CSUB Office of Services for Students with Disabilities (661-654-3360).